DOCUMENT RESUME

ED 144 337 EC 102 464

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TITLE An Alternative to Psychoeducational Diagnosis of Learning Disabilities: The Redemption of the Classroom Teacher.
PUB DATE [76]
NOTE 28p.; Paper presented at the South Carolina Association for Children with Learning Disabilities State Conference (March 27, 1976)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Conceptual Schemes; *Educational Diagnosis; Elementary Secondary Education; Identification; *Learning Disabilities; Models; *Observation; *Psychoeducational Processes; Research Reviews (Publications); *Teacher Role

ABSTRACT

The author reviews research which questions the worth of psychoeducational diagnosis of learning disabilities, and suggests a model that places the teacher as the primary decision maker in identification, diagnosis, and programing. Three concerns about psychoeducational diagnosis are raised: the conceptualization of learning disabilities as a univariate construct, the failure of a psychoeducational interpretation to develop intervention strategies, and the educational validity of thecretical constructs. The alternative model proposed features the teacher's systematic observation of student attention, encoding, input and processing skills, and mode of response. (CL)

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An Alternative to Psychoeducational Diagnosis of Learning Disabilitis: The Redemption of the Classroom Teacher

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EC102464

Running Head: Alternative to Psychoeducational Diagnosis

Abstract

Psychoeducational diagnosis of learning disabilities is criticized on three points: (1) a failure of univariate constructs, (2) failure of interpretation, and (3) a failure of assumptions. The teacher as a systematic observer is posited as an alternative. Systematic observation is a continuous process of asking the right questions within the academic problem context. The model postulated places the teacher as the primary decision-maker in identification, diagnosis and program development.

An Alternative to Psychoeducational Diagnosis of Learning Disabilities:

The Redemption of the Classroom Teacher

Psychoeducational diagnostic procedures for the evaluation of needs and problems of exceptional children have been under attack from many sources and for multiple reasons. Some criticism emanate from traditional test construction theory (Anastasi, 1967; Cronbach, 1970; Keogh, 1971; Wedell, 1970); others stem from the social ramifications of the misuse of psychoeducational tests (Franks, 1971; Mercer, 1971; Ross, Cohen & DeYoung, 1971). Current procedures for developing a psychoeducational assessment instrument can be broken down as follows: (1) select a construct (e.g. perception) on the nature of learning disabilities for consideration, (2) break the construct down into sequential, quantifiable, measureable categories; (3) administer a test to evaluate performance in these categories, and (4) develop a program to remediate the deficit on the test related skills. However, the question arises as to whether this assessment procedure can be used to determine what a child does or does not know, and under what conditions a child learns best within the context in which the problem behavior was manifested. There is increasing evidence to suggest that psychoeducational diagnosis does not provide an assessment of learning disabilities because of a failure of univariate constructs, failure of interpretations, and failure of assumptions.

Failure of Univariate Constructs

Characteristically, a psychoeducational diagnosis involves the formal administration of standardized educational and psychological batteries which generally include the Wechsler Intelligence Scale for Children (WISC), Illinois Test of Psycholinguistic Abilities (ITPA), a perceptual test (Visual Motor Integration Test, Bender, etc.), Wepman Auditory Discrimination Test, and remaining measures

such as the Durrell Analysis of Reading Difficulty or the Key Math Test. The choice of diagnostic instrument, however, reflects the diagnostician's conceptualization of the nature of learning disabilities. While there is a conspicuous paucity of empirical data on the psychological characteristics of learning disabled children, few psychological constructs outside perception have been examined (Hallahan, 1975; Wallace & Kauffman, 1973). A recent definition from a national project on the classification of exceptional children (Hobbs, 1975; Wepman, Cruickshank, Deutsch, Morency, & Strother, 1975) stated that a learning disability refers to those children of any age who demonstrate a substantial deficiency in a particular aspect of academic achievement because of perceptual or perceptual-motor handicaps, regardless of the etiology or other contributing factors. This definition is destined to create some controversy over whether or not a learning problem exists because of a perceptual handicap. Because perception is a basis used by many theorists, the most common problems exhibited by learning disabled children are obviously found to be perceptual or perceptual-motor in nature (Hallahan & Cruickshank, 1973). Further, there is a heavy emphasis within public schools on educational training from a perceptual standpoint. Though this perceptual focus has created a plethora of materials, it has at the same time seriously neglected consideration of alternative constructs.

Recent findings have run counter to a perceptual-deficit explanation (Larsen, Rogers, Sowell, 1976; Vellutino, Smith, Steger, & Kaman, 1975a; Vellutino, Steger Haring & Phillips, 1975b). Vellutino et al. (1975a) found that learning disabled children with reading difficulties were more accurate in copying words of varying lengths than they were in pronouncing them. Learning disabled children performed as well as normal children in a copying task. In addition, poor readers correctly reproduced many words on which they made numerous positional errors in their oral reading. Results from these findings and others (Vellutino et al., 1975b) suggested

that perceptual inaccuracies often observed in learning disabled children in reading and writing skills are primarily a dysfunction in verbal identification of letters and words and not from a distortion in perception of their visual features. This suggests that the learning diabled child suffers from a verbal-association equivalent deficit rather than a perceptual deficit. Although the relationship between visual skills and reading achievement appears to be a logical one, and there is some evidence supporting a perceptual-deficit hypothesis (Cruickshank & Hallahan, 1973), this supposed deficiency is not certain. Further, no solid evidence supports the effectiveness of perceptual motor training as an educational approach. Motivation, attention, and other variables within the context of the classroom cannot be ruled out as causitive agents of the poor performance on a perceptual task.

Debates on other univariate, psychological constructs are taking place. For example, the model of the ITPA which has been of considerable influence, has also been recently attacked (Hammill & Larsen, 1974; Newcomer & Hammill, 1976). Psycholinguistic training is based upon the assumption that the cause of the learning problem is a failure within the child himself and that strengthening the weak area will improve learning. Hammill and Larsen's (1974) review of studies on the efficacy of psycholinguistic training concluded that this assumption has not been proven effective. Investigations of academic performance by learning-disabled children indicated that problems are not unequivocally perceptual, psycholinguistic, or verbal-association based difficulties. Analyses of learning-disabled children's school achievement have identified several various components and constructs in their learning processes. Assessment procedures could be rendered more effective by considering many aspects(constructs) of behavior within the instructional context to differentiate children with academic difficulties. A comprehensive task of this nature is beyond the scope of univariate psychoeducational testing.

Failure of Interpretation

Koegh (1971), Payne (1975), and Kedell (1970) stated that psychoeducational procedures assume that within the child there are a number of relatively independent, underlying processes which may be assessed separately. The cause of the learning problem lies within the child and is a function of one or more of these processes. Even if empirical data could substantiate a true learning disability pattern construct, the next problem becomes one of interpretation. Heulsman (1970) in his review of some twenty studies using the WISC, found that learning disabled children (specifically with reading disabilities) were usually low on the subtests of information, arithmetic, digit span, and coding. These patterns are meaningless unless one can provide a logical rationale for their existence and one interpretation that excludes all others. Hallahan (1975) has found no less than twelve interpretations on WISC pattern performance of learning disabled children. The very fact that each of the numerous analysis of the WISC patterns holds up logically underscores the problem of using this tool to tap distinct areas of psychological functioning. Psychoeducational interpretations do not allow for precise conclusions. While various judgments are made, a myriad of opinions can be generated on the interpretation of each subtest. A low score on the arithmetic subtest could be due to poor math skills, but also to "poor motivation, poor short-term memory, inability to refrain from orienting to distracting stimuli, poor visual imagery, poor auditory discrimination, or a host of other reasons" (Hallahan, 1975, p. 30).

Bersoff (1973) stated that the psychoeducational approach has not been helpful in the acquisition of knowledge relevant to the construction of intervention strategies for those assessed. In summary, analysis of the cognitive process of learning disabled children within the psychoeducational framework has not enabled us to make rigorous inferences about their academic performance.

Failure of Assumptions

Following the administration of a psychoeducational test battery, a summary report is presented to the teacher. The tacit assumption behind this diagnostic

procedure is that the classroom teacher will be able to translate these evaluations and recommendations into effective programming. The teacher receives such statements as those based upon the ITPA which reveal, for example, that the child has auditory receptive difficulties with further comments from other tests on his visual discrimination, oral reading, comprehension and phonetic abilities. However, these statements are at least one step removed from the direct programming task of the regular or learning disability teacher. Mischet (1968) has provided evidence that, contrary to predictions of construct theorists, behavior is situation specific. Thus, behaviors generated in a testing situation may not be similar to the behavior generated in the classroom. Even within a single classroom, behavior varies as the situation varies. Behavior that is appropriate during seat work may not be appropriate during instruction. Since test constructs describe a contextual behavior, removed from the setting in which the disturbance occurred as the basis for referral, it is highly possible or even probable that teacher judgments may be in conflict with those of the psychoeducational diagnosis.

Psychoeducational assessment traditionally involves a one-to-one situation. An environment is provided to create optimal performance. Bersoff (1973) found that rarely if ever does a similar ideal condition exist in the classroom where the behavior was exhibited. Bersoff (1973) cited an unpublished study in which school psychologists, during the administration of the verbal portion of the WISC, emitted an average rate of 1.38 positive reinforcements per minute to children tested individually, while the teacher emitted less that one every ten minutes to the same children in the instructional setting of the classroom. Thus children received more than fifteen times as many reinforcements in a testing situation as in the classroom. Bersoff concluded that this hardly makes the two situations comparable, and extrapolation from one to the other is very risky if not absurd.

A corollary to the problem of assessment not being context specific, is whether the theoretical constructs upon which psychoeducational tests are based have educational validity. In other words, are the individual constructs assessed by psychoeducational diagnosis such as auditory discrimination, auditory and visual sequential memory, and sound blending essential to a child who is engaged in a program of learning to read, write, spell and perform mathematical calculations? Wedell (1970) and Keogh (1971) stated that school learning required a minimal level of competency in a number of areas, and a sound development in others. This is a rejection of a single factor assessment based on the assumptions that (1) there is no single best method of task mastery and (2) there is no direct one to one causal relationship between disturbance in a single underlying process and a learning disability. Performance level under particular conditions are but fragmentary indicators of capacity.

Ultimate educational usefulness of psychoeducational tests must be judged on far more than mere clinical evidence or essentially unproven assertations. Advocates of bahavior modification in particular are often critical of those who look for underlying psychological processes. Lovitt (1967) emphasized that only observable behavior should be considered worthy of concern. The crux of the problem from both perspectives, observable versus psychological processes, is whether or not one can observe and quantify the behavior in question within the appropriate context so that effective classroom materials and practices will result. There has been a general failure in assessing learning disabilities by matching the child with the learning context.

An Alternative: The Teacher

It is readily apparent that consideration must be given multiple constructs in the assessment process, however, if they are to be of any value, teacher observations and quantifications of behavior within the classroom must be the basis for assessment. There is now overwhelming evidence that inappropriate learning

behavior can be controlled and that variables accounting for that control can be assessed impirically, functionally, and precisely in classroom settings (Becker, 1971; Bijou, 1971; Haring & Hayden, 1972; Lovitt, 1967; White & Haring, 1976). Many variables that were once thought amenable to psychometric measurement via psychoeducational assessment are now being assessed through direct classroom measurement.

A variety of observational procedures are available to the teacher. Lambert, Cox and Hartsough (1970) found that intellectual functioning of elementary children could be assessed through direct observation. Within a Piagetian orientation, six classes of intellectual functioning were defined, observed and recorded. These events were classified as basic language skills, concepts of time and space, logical concepts, math concepts, reasoning skills, and general signs of development. The study found that with appropriate observations, all six areas of intellectual functioning were observable in elementary children. Teacher observation can take the place of psychoeducational diagnosis if psychological processes can be assessed within the context of the classroom. Within this context the inadequacies of psychoeducational testing can be avoided while providing for development of appropriate constructs, and monitoring of remediation.

When one considers research findings on the effectiveness of psychoeducational diagnosis and studies on early identification as presented by Faust (1970), Haring and Ridgeway (1967), Harlage and Lucas (1973), Keogh and Becker (1973), and Wedell (1970), as well as the lack of concensus on the feasibility of early identification for a psychoeducational approach, it would seem that a great deal of money, time, and effort are spent aimlessly and without justification. A child identified by a teacher as a high risk may very well profit more from a flexible, varied program early in a regular setting than from being exposed to approaches and interventions that either have not been proven successful, may be limited to a particular psychological process, or may not provide the total involvement required for effective learning to take place.

Ferinden, Jacobson, Linden, (1970) and Walker (1971) found that the most valuable and practical identification component in the diagnostic procedure was teacher observations. Keogh, Tchir, and Windeguth-Behn (1974) regarded the teacher as the key person for identification of high risk children. Cowgill, Friedland, and Shapiro (1973) found that anecdotal records kept by kindergarten teachers on the task performance of children were the most helpful element in identifying children with learning disabilities. Jones, Ratcliff, and Turner (1973) have stressed the importance of the teacher as chief diagnostician, prescriber, and implementer of remedial plans. Wallace and Kauffman (1973) emphasized that the primary responsibility for learning disability diagnosis and prescription development is vested in the classroom teacher. In an investigation by Bryan and McGrady (1972), teacher ratings were obtained on 183 learning disabled children and 176 control children on items similar to those used in Myklebust and Boshes' (1969) incidence study. Bryan and McGrady found that teacher observations on the behavior of children did lead to discrimination of the learning disabled child from the nondisabled child.

In the absence of evidence supporting the contrary, the teacher as a functional assessor should be considered the chief diagnostician in identification and prescription development of learning disabled children. The teacher who is in close daily contact with the child is in the best position to arrive at prescriptions for learning problems and to provide the continuous evaluation needed. Rather than relying on the evalations of psychometricians, school psychologists, and other individuals involved in psychoeducational testing whose evaluations and recommendations are questionable at this point as to their classroom application, attention should be directed toward functional assessment training to the teacher. All ancillary staff should work closely with the teacher, supplementing his observations and diagnosis, and implementing

the teacher's prescription. This would allow for ongoing observation of the child and appropriate developmental changes in the program.

Effective measurement of a child's learning characteristics would then involve comparing a child's performance with classroom instructional objectives. Precise measures of change in academic behavior are determined by the rate at which a child progresses over continuous observations periods (Haring, White, & Liberty, 1973). Measurements of both academic and preacademic behavior should then be carried out by the classroom teacher. In summary, the following factors support this conclusion:

(1) A teacher is able to observe a child throughout a comparatively large segment of the continuous process of learning. Standardized instruments within the psychoeducational process simply lack the accuracy and sensitivity for such precise individual measurement. Teachers are therefore potentially in a better position to note a child's problems or failure to develop key behaviors before the difficulty leads to special education placement (Haring et al., 1973; White & Haring, 1976).

(2) Specialized evaluators rarely see a child on more than two occasions and encounters are in an unfamiliar setting (Bersoff, 1973; Payne, 1975). Teacher functional assessment is integrally related to the classroom setting, and variables affecting learning can be evaluated as they occur for intervention or alteration in the educational program (Lovitt, 1967).

(3) Since teacher observations are directly involved in determination of the problem and also in the attempt to remediate the problem, there then is a higher probability that the remediation plan will more closely approximate normal learning conditions (Schaer & Crump, 1976; Haring et al., 1973).

(4) A lower teacher-pupil ratio (1:30) is far more conducive to low cost effective evaluation that is the high ratio between specialized evaluators and pupils (1:50; 1:100+). With the limits of money and human resources now faced by education, more successful remediation for greater numbers of children could be achieved by teacher

assessments rather than by a program involving large numbers of specialists.

The learning disability teacher in this functional assessment model is required to have extensive training in observation and informal assessment techniques. The primary goal of teacher training would be to provide experience and proficiency in systematic observational techniques and prescription writing. Theoretical background would be placed upon both information processing and behavioral schools of thought. Further emphasis would be placed upon defining multi-constructs of learning disabilities related to academic skills which can be assessed continuously, systematically, and reliably. The focus of the teacher's efforts with each child would be determined by the instructional objectives set forth in the child's particular class setting.

Asking the Right Questions:
Information Processing Versus Behavioral Analysis

Effective identification and diagnosis should occur most readily in the learning situation itself, not in the traditional test situation. Educational diagnosis of children with learning disabilities becomes a matter for the teacher of asking good questions about the learner. A behavioral analysis approach would provide an overall framework for the observation process by quantifying behaviors to be measured. A behavioral approach provides a systematic process for observation, instructional objectives, task analysis, class structure, and reinforcement factors. Sample questions include:

1. Observation
   - A. Is the behavior observable?
   - B. Can it be reliably measured? (Interobserver agreement)
   - C. Is the behavior repeatable?
2. Instructional Objectives
   - A. Are objectives stated in terms of the terminal behavior you want him to perform?
   - B. What are stated standards of performance desired of this child?

(level of allowable error)

C. Is the objective within the child's capability?

3. Task Analysis

A. Are the current instructional objectives stated as a series of specific tasks for this student?

B. Is every concept needed for the task noted for successful performance?

C. Are the tasks that teach these concepts specific enough for the student?

4. Class and Student Structure

A. What is the child's preferred seating and which is to his best advantage?

B. Do movement patterns within the room interfere with the child's work?

C. Is the child in proximity to the materials, activity centers and storage centers which he will be needing?

5. Reinforcement

A. Does he respond positively to direct reinforcements?

B. What type of reinforcement does he appear to respond most readily to? (e.g., tangible items, tokens, one-to-one teaching, verbal reinforcement for task completion, knowledge of results).

C. At what task and learning level is the child? (e.g., attention, response, order, exploratory, social mastery, achievement?)

Although the observation or behavioral analysis approach is often thought to be incongruent with the psychological constructs approach, contextual assessment can be made within both schools of thought (see Mahoney, 1974, for rationale). Theories on assessment techniques and remediation programs have often been based on assumptions about the child's information processing abilities. Attention, perception, language, and integration of information perceived in different modalities all fall under the general category of information processing (Bryan & Bryan, 1975). Information processing places an emphasis on the acquisition, storage, and utilization of information within a mediational model. [The

interested reader is referred to work of a larger scope such as Ulric Neisser's (1967) Cognitive Psychology or other models such as those put forth by Atkinson & Shiffrin (1968) or adams (1967]. Simply stated, in the information processing model, the child's responses are influenced by his information processing -- that is the way he mediates stimulation.

One of several assumptions made concerning information processing is that there is a developmental sequence in the acquisition of skills used for processing information presented through various channels. A second assumption is that the crux of the learning disabled child's difficulty is a breakdown in the information processing component, and that the more specific the identification of the breakdown, the more useful the analysis. A third assumption is that effective treatment can be initiated when an information processing deficiency has been identified. Although these assumptions underestimate the complexity of information processing, various information processing constructs can be observed within the classroom. Four categories are delineated for the teacher's observation:

1. Attention, which deals with selective class orientation toward and assimilation of specific stimuli. Sample questions include:
   A. Can the child attend in a classroom setting?
   B. Does he attend to auditory, visual and haptic stimuli?
   C. What his attention span to each type of stimuli?
2. Mode of Input (Encoding), which involves the symbolic codification of stimulus according to various factors such as modality features, semantics, etc. Sample questions include:
   A. At what point intermodal tasks or intramodal tasks breakdown?
   B. At what point in the auditory hierarchy is the child functioning? (Gross, sounds, speech sounds, single words, multiple words, single directions, multiple directions)

C. At what point in a visual hierarchy is the child functioning? (real objects, replica, photograph, line drawing, abstract pictures, picture missing parts, symbols)

3. Input and output processing variables. Although stimulus input and output performance is employed to interpret mediational activities, the information processing viewpoint invokes a variety of different mediators in relating these two events. Cognitive and perceptual development research are generous contributors to information processing analogues. Neisser (1967), Gibson (1969), Piaget, Inhelder (1969), Shiffren, and Atkinson (1968) have contributed findings to be used as a reference for teacher observations. Sample questions under this category include:

Cognitive Development:

A. Is the child capable of returning to a point mentally to overcome perceptual contradiction? (reversibility)

B. Can he see that objects with common features are able to form a class of objects? (class inclusion)

C. Does he have a language of quantity? (e.g., more than, less than, etc.)

Perceptual Development:

A. Can the child differentiate one object from another? (e.g., match identical pictures, designs, shapes, letters, etc.)

B. Can he recognize or identify an object despite the fact that the total stimulus is not present?

C. Can he blend single phonic elements or phonemes into a complete word?

Additional Input and Output Processing Variables:

A. How does he approach the task?

B. What happens if there is change in input channels during instruction?

C. What happens if there is a change in response channels during instruction?

4. Mode of Response (Retrieval), which is the subsequent utilization of stored information to guide performance. Sample questions include:

A. At what level verbally does the child prefer to respond? (yes or no, labeling, phrase, sentence, sequence of labels, sequence of ideas)

B. At what level motorically does the child prefer to respond? (gross motor, point, imitation, trace, copy, match object, completion, multiple

choice, sequential order, write from recall)

C. What output channel does the response require? (Verbal? vocal? non-verbal? motor? manipulative? pointing? gesture? more than one?

Since functional assessment is done within the context of instructional procedures and methods, the following sampling questions could be asked.

1. Procedures

A. What is the child's most effective input channel? (Does he perform better if he hears things rather than sees them? See rather than hear? What motor activity is involved?

B. What is the child's preferred response channel?

C. What level of response does he need for a specific task?

2. Methods

A. What are the alternative methods of presentation which might be useful for the child?

B. Can the child choose the method he would like to use to learn the concept?

C. Can you learn the child's interests and strengths to get him interested in the work?

An Administrative Alternative

As one takes a look from a historical view at psychoeducational testing, it is somewhat understandable why so little program efficacy has occurred. Psychological testing and evaluation have evolved from concern for normative referenced evaluation to criterion referenced assessment to a combination of both (Drew, Freston, Logan, 1972). Schools use tests predominantly to classify children as exceptional, in this case learning disabled, so they can be educated in special programs. Although psychological testing was not originally intended to be a tool for administrative purposes, it has become a convenient means for separating atypical children from average children.

However, the efficacy studies have not conclusively shown that the groupings of children with learning differences will assure remediation. As previously stated, in psychoeducational settings testing removes the child and diagnostician from natural situations of the classroom, thus restricting the diagnostician's contact with the teacher who is the primary agent responsible for behavior change. The teacher has been isolated from the process of gathering data concerning those events that evoked the referral and those that are consequating it (reinforcing events). However, if functional assessment is implemented within the classroom, the emphasis becomes a contextualization of behavior. What then is an administrative alternative for effecting this change?

Figure 1 shows the teacher as the primary agent for identification, diagnosis, and program change. At the core of the model is Wedell's (1970) sequential strategy. This has already been posited as an alternative to psychoeducational testing (Keogh, 1971; Wedell, 1970).

Figure 1

The sequential strategy model goes far beyond the current three step referral(psychoeducational battery, placement) sequence. There is no assumption of a single factor (construct) assessment on multifactor tasks, and there is also no direct causal relationship between distrubance in a single underlying process and the learning disability. As shown in Figure 1, the evaluation sequence begins only after Intervention 1 has taken place. Further, the sequence is based upon a precise and comprehensive functional assessment by the regular classroom teacher and consulting learning disability teacher. The functional assessment is in terms of the task situation within the context of the classroom.

Intervention 1 is similar to the consulting teacher model (Fox, Egner, Paolucci, Perelman, McKenzie, & Garvin, 1973), however, mediational multi-construct variables within an information processing paradigm are hypotheses tested. Intervention 1 begins when a regular classroom teacher requests the help of a learning disability teacher. The learning disability teacher has two functions: (1) to act as a consultant to the regular classroom teacher and (2) to simulate the regular classroom situation based upon extended observation periods. As stated previously, the learning disability teacher has extensive skills in functional assessment techniques and prescription development and has the additional responsibility of training the regular classroom teacher in functional assessment skills. During intervention 1 the learning diability teacher can have a varied case load based upon (1) regular classroom teacher requests and (2) observational scheduling. Intervention processes begin at the request of the regular classroom teacher for consulting teacher services for one or more children. The child must have appropriate functioning in at least one academic task and have a marked deficiency in others based upon the instructional objectives of the classroom. The preceding criteria would be consistent with Bateman's (1965) learning disability definition. A functional assessment will then be carried out with special emphasis on the target behavior. This assessment is done by joint efforts of the regular and consulting learning disability teacher over a period of ten consecutive days to assure an appropriate baseline and interobserver agreement. Several observation schedules (interval, duration, continuous, time sampling, etc.) can be adapted. The main concern is that the child be assessed as he interacts and performs in the classroom environment. Functional assessment requires that the behavior be observed and counted as it is manifested in the child's behavioral repertoire rather than deducing a picture of behavior from test results.

Of all the direct measurement procedures, time and event samplings are the most easily implemented. In the time sampling procedure over consecutive days,

the classroom and consulting teachers select target behavior or behaviors occurring within uniform intervals for observations. Generally the categories of the behaviors to be observed are coded for quick prcise judgment upon which the regular classroom teacher can provide remediation. Event sampling, like time sampling, begins with a plan to study specific behavior or information processing events. Events are not recorded within prescribed time intervals but are simply recorded every time they occur. Frequency rather than percentage of time intervals is the basic data. In addition to assessing behavior in the natural setting, time and event sampling allow for reliability measures. By selecting the behavior to be observed, asking the appropriate questions (from a developed Q-sheet containing questions such as those listed previously), delimiting the temporal length of observation, recording larger numbers of behavior, and by precoding, a great deal of precision and control is gained with a commensurate reduction in the number of equivocal construct judgments to be made. When interobserver data has been gathered and colloborated a prescription is developed based upon the learning profile of the child. The consulting teacher will perform various post-checks to insure that progress is being made.

If Intervention 1 is unsuccessful then Wedell's (1970) sequential strategy is implemented. If the child is assessed within the sequential strategy to be at stage three level (see figure 1), intervention 2 is then implemented. The goal here is not to remediate the child's problem, but to restructure or simulate the regular classroom situation and to assess again from the teacher's perspective. The simulated classroom will also function to provide experimental teaching and at the end of four weeks a comprehensive prescription will be developed with appropriate recommendations. The observations at this stage are done specifically by the learning disability teacher within a self-contained setting for a three hour period. The teacher pupil ratio is determined by the ancillary staff of teaching aides, student teacher, educational diagnosticians, etc. Ancillary classroom staff is

is used to facilitate observer agreements and to carry out and facilitate regular classroom procedures. Intervention 2 is used to (a) verify the reliability and validity results obtained from formal tests from the sequential strategy; (b) seek additional information concerning specific aspects of student behavior under different conditions; (c) study the consistency of behavioral patterns under typical and atypical conditions; (d) draw inferences which give future direction leading to intervention; (e) provide information which serves as the basis for instructional planning and execution, and (f) establish a baseline for measuring student progress. Through teacher observations an assumption is made that there are a number of possible ways to master a learning task. Once the functional assessment has been done all parties involved in the sequential educational strategy make a recommendation.

The uniqueness of these two intervention strategies is that the teacher, regular and/or learning disabled, is the primary agent in the diagnostic and resulting remediation process. Further, every effort is made to contextualize learning behavior.

Conclusion

The teacher as a functional assessor, or more specifically a "systematic observer", is a viable alternative to the traditional psychoeducational assessment procedure. The goal of this alternative is the precise assessment of academic difficulties within the situational context in which they occur. Precise assessment is to be the basis for instructional program development. This model is adaptable in a special education self-contained setting as well as in the regular classroom mainstreaming process. The interaction between the regular classroom and learning disability teacher is child centered and situation specific. Certain steps within that process may be eliminated according to the regular classroom instructional objectives or later special education objectives. Like all other strategies, however, the teacher as the key agent for academic and behavior change

is of little value unless it is evaluated on student performance. The ultimate success of the teacher as the primary agent for identification, assessment, and instructional development for situation-specific change depends upon three assumptions: (1) the teacher can assess learning difficulties, (2) he can provide an educational prescription, and (3) he can measure learning outcomes. These assumptions have been supported in literature. The ultimate question now is whether or not school administration is ready to implement a model which views the teacher as the primary agent for child assessment and decision making.

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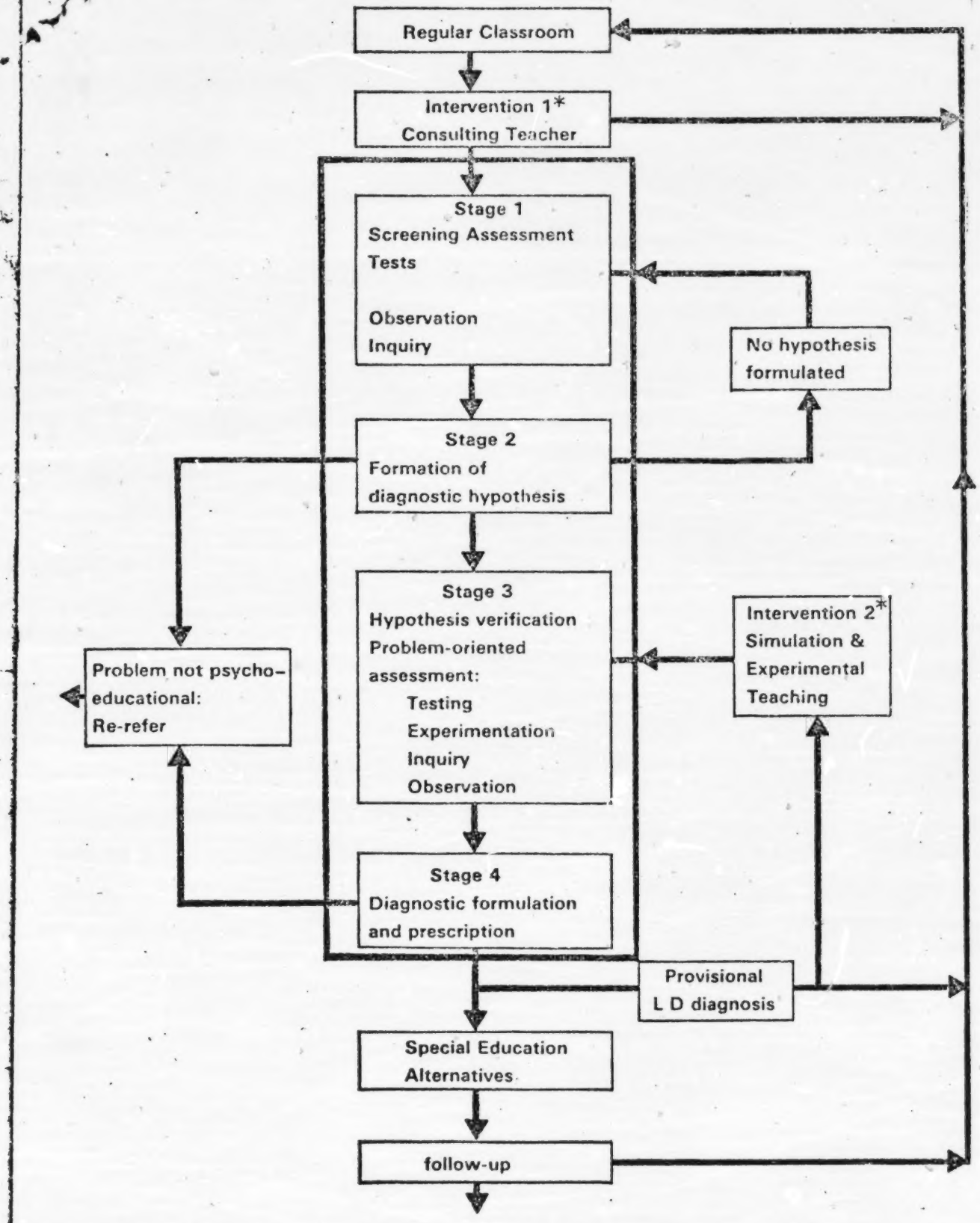
Regular Classroom
Intervention 1*
Consulting Teacher
Stage 1
Screening Assessment
Tests
Observation
Inquiry
No hypothesis
formulated
Stage 2
Formation of
diagnostic hypothesis
Stage 3
Hypothesis verification
Problem-oriented
assessment:
Testing
Experimentation
Inquiry
Observation
Intervention 2*
Simulation &
Experimental
Teaching
Problem not psycho-
educational:
Re-refer
Stage 4
Diagnostic formulation
and prescription
Provisional
L D diagnosis
Special Education
Alternatives
follow-up